

57278

STATE WATER RESOURCES CONTROL BOARD
STATE DEPARTMENT OF HEALTH

SFUND RECORDS CTR

999000806

PRODUCER OF WASTE (Must be filled by producer)

Name ALUMINUM CO OF AMERICA ☐ ☐ ☐ ☐ ☐ ☐
(PRINT OR TYPE) CODE NO.

Pick up Address: 5151 ALCOA AVE VERNON
(NUMBER) (STREET) (CITY)

Telephone Number: (213) 588-6141 P.O. or Contract No.: LA 397333

Order Placed By: J HERON Date: 6-7-80

Type of Process
which Produced Wastes: ALUMINUM FABRICATOR ☐ ☐ ☐ ☐ ☐ ☐
(Examples: metal plating, equipment cleaning, oil drilling wastewater treatment, pickling bath, petroleum refining) CODE NO.

DESCRIPTION OF WASTE (Must be filled by producer)

Check type of wastes:

| | | |
|---|--|---|
| 1. <input type="checkbox"/> Acid solution | 6. <input type="checkbox"/> Tetraethyl lead sludge | 11. <input type="checkbox"/> Contaminated soil and sand |
| 2. <input type="checkbox"/> Alkaline solution | 7. <input type="checkbox"/> Chemical toilet wastes | 12. <input type="checkbox"/> Cannery waste |
| 3. <input type="checkbox"/> Pesticides | 8. <input type="checkbox"/> Tank bottom sediment | 13. <input type="checkbox"/> Latex waste |
| 4. <input type="checkbox"/> Paint sludge | 9. <input type="checkbox"/> Oil | 14. <input type="checkbox"/> Mud and water |
| 5. <input type="checkbox"/> Solvent | 10. <input type="checkbox"/> Drilling mud | 15. <input type="checkbox"/> Brine |

☐ Other (Specify) ALUMINUM OXIDES, WATER CODE NO.

Components:
(Examples: Hydrochloric acid, lime, caustic soda, phenolics, solvents (list), metals (list), organics (list), cyanide)

| | Upper | Concentration: Lower | % | ppm |
|----------|-------|-------------------------|---|---|
| 1. _____ | _____ | _____ | <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> | <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> |
| 2. _____ | _____ | _____ | <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> | <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> |
| 3. _____ | _____ | _____ | <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> | <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> |
| 4. _____ | _____ | _____ | <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> | <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> |
| 5. _____ | _____ | _____ | <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> | <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> |
| 6. _____ | _____ | _____ | <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> | <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> |

Hazardous Properties of Waste:

pH 7.9 ☒ none ☐ toxic ☐ flammable ☐ corrosive ☐ explosive

Bulk Volume: PTV ☐ gal ☐ tons ☒ barrels (42 gal.) ☐ other (SPECIFY)

Containers: _____ ☐ drums ☐ cartons ☐ bags ☒ other TRANS (SPECIFY)

Physical State: ☐ solid ☒ liquid ☒ sludge ☐ other (SPECIFY)

Special Handling Instructions (if any):

NONE

The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable)

I certify (or declare) under penalty of perjury
that the foregoing is true and correct.

Thomas O Fore Shift
SIGNATURE OF AUTHORIZED AGENT AND TITLE

HAULER OF WASTE (Must be filled by hauler)

ASBURY OIL CO.
13419 Halldale Ave., Gardena, California 90249
Phone: (213) 321-1392

999000806

☐ ☐ ☐
CODE NO.

Pick Up: 6-6-80 (DATE) Time: 11am (upm)

State Liquid Waste Hauler's Registration No. (if applicable): 15

Job No.: _____ No. of Loads or Trips: 1 Unit No. 9

Vehicle: ☒ vacuum truck 100 barrels, ☐ flatbed, ☐ other _____ (SPECIFY)

The described waste was hauled by me to the disposal facility named below and was accepted.

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

[Signature]
SIGNATURE OF AUTHORIZED AGENT AND TITLE

| | |
|---|---|
| DISPOSER OF WASTE (Must be filled by disposer) | |
| Name (print or type): | Operating Industries CODE NO. |
| Site Address: | Montana Route |
| The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWQCB requirements, State Department of Health regulations, and local restrictions. | |
| Quantity measured at site (if applicable): _____ State fee (if any): _____ | |
| Handling Method(s): | |
| <input type="checkbox"/> recovery | |
| <input type="checkbox"/> treatment (specify): _____ CODE NO. | |
| <div style="text-align: center; font-size: small;">(EXAMPLES: INCINERATION, NEUTRALIZATION, PRECIPITATION)</div> | |
| <input type="checkbox"/> disposal (specify): <input type="checkbox"/> pond <input type="checkbox"/> spreading <input checked="" type="checkbox"/> landfill <input type="checkbox"/> injection well | |
| <input type="checkbox"/> other (specify): _____ CODE NO. | |
| If waste is held for disposal elsewhere specify final location: _____ | |
| Disposal Date: 6-7-80 | |
| I certify (or declare) under penalty of perjury that the foregoing is true and correct. | |
| <div style="margin-bottom: 5px;"> </div> <div> SIGNATURE OF AUTHORIZED AGENT AND TITLE </div> | |
| The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports. | |

FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING
HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.

D.O.T. Proper Shipping Name

BILLING COPY